



**SOUTHERN WESTCHESTER BOCES
CENTER FOR INTERSCHOLASTIC ATHLETICS**

**Section One
450 Mamaroneck Ave.
Harrison, NY 10528**

**Phone: (914) 592-1926
Fax: (914) 592-2940**

Ejection Report

Date _____

Sport _____

Level _____

Home School _____

Visitor _____

Officials _____

Athlete(s) Ejected

School _____

Name/number _____

School _____

Name/number _____

Coach ejected

School _____

Name _____

School _____

Name _____

Reason for ejection:

1. Fighting _____
2. Verbal Abuse _____
3. Retaliation _____
4. Other _____

Additional Details (use the back of the form if necessary):

Was the reason for the ejection "unsportsmanlike conduct"?

AD Response: _____ Suspension _____ No Suspension